

**TITLE IV-E FOSTER CARE &
MEDICAID REDETERMINATION EVALUATION**

Date Received	OASIS #
	ADAPT #
County/City	VACIS #
	MMIS #

I. Identifying Information

Child's Name _____ **Date of Birth** _____
Child's Address _____

II. IV-E Foster Care Eligibility Evaluation

A. Age/School Enrollment

___ Under age 18 **or** ___ Age 18 and expected to complete program by month of 19th birthday

Requirement met? ☐ Yes ☐ No

Documentation _____

(If over the age limit, the child is not Title IV-E eligible. Go to Section F.)

B. Deprivation Factor

___ Parental Death - Mother	___ Parental Death - Father
___ Parental Absence - Mother	___ Parental Absence - Father
___ Parental Disability - Mother	___ Parental Disability - Father
___ Parental Unemployment – Mother	___ Parental Unemployment – Father
___ Parental Rights Terminated - Mother	___ Parental Rights Terminated - Father

Documentation _____

If deprivation is due to absence, is good cause still claimed? ☐ Yes ☐ No

Documentation _____

(If no deprivation exists, the child is not Title IV-E reimbursable. Evaluate as non-maintenance)

C. Financial Need

Child's countable income \$ _____ Source(s) _____

Does the child's income exceed 185% of the Title IV-E foster care need standard based the on child's age? ☐ Yes ☐ No

Documentation _____

Child's countable resources of child \$ _____ Source(s) _____

Do the child's resources exceed the \$10,000 resource limit? ☐ Yes ☐ No

Documentation _____

(If over income or resources, the child is not Title IV-E reimbursable. Evaluate as non-maintenance)

Current Placement

D. Placement _____ **Approved To/From** _____

Reimbursable Placements (Maintenance and Administrative Claims)

___ Licensed or Approved Foster Home
___ Licensed or Approved children's residential facility
___ Public institution serving 25 children or less

NonReimbursable Placements (Administrative Claims Only)

___ Unlicensed or Unapproved Foster Home/Facility
___ Unlicensed relative placement
___ Public Institution -- over 25 children
___ Hospital
___ Detention Center
___ Trial home visit for: ☐ Six months ☐ Period specified by court. Period of visit _____
___ Child has run away. Date left _____

Documentation _____

E. Ongoing Judicial Activity

If this is the first review since the child entered care, was a judicial determination made within 12 months of the date the child is considered to have entered care? ☐ Yes ☐ No

If not the first review, was a judicial determination made within 12 months of the last review? ☐ Yes ☐ No

(If the answer is "no," the child is not e Title IV-E reimbursable. Evaluate as non-maintenance.)

F. Title IV-E Eligibility/Reimbursability Decision (Check one)

The child is (check one):

- ☐ Not IV-E eligible. Reason _____
- ☐ IV-E eligible/reimbursable.
- ☐ IV-E eligible/nonreimbursable. Reason _____
- ☐ The child appears not eligible for Title IV-E, but a remedy may exist. Additional information needed (specify) _____

G. Changes in Eligibility, Reimbursability, and Payment Amount

Date	Age	Amount of Payment	Change in Status or Payment	Reason for Change

I. Medicaid Redetermination/Partial Review

Date of Medicaid redetermination/partial review: _____

☐ Child is Title IV-E (maintenance payment made) and meets Title IV-E Medicaid covered group. Go to Section II.☐ Child is not Title IV-E (no maintenance payment made). Evaluate in other Medicaid covered groups.

NOTE: A Medicaid eligibility review is not required when a foster care child is placed in his home for a trial visit for less than three months. Re-evaluate the child's Medicaid eligibility using family/budget unit policy in M05 when the trial home visit exceeds three months.

A. Nonfinancial Information:Citizenship/alien status requirements met? ☐ Yes ☐ NoInstitutional status requirements met? ☐ Yes ☐ NoHealth insurance change? ☐ Yes ☐ No If yes, explain _____**B. Financial Information:**

List child's income source(s), amounts, frequency, and verification:

Child's countable income: _____ MI income limit: _____ Eligible? ☐ Yes ☐ No**(If yes, go to Section II and if no, go to Section III to evaluate for FAMIS)**

List child's resources, amounts, and verification (for MN Individuals Under Age 21) :

Child's countable resources: _____ Resource limit: _____ Eligible? ☐ Yes ☐ No; If yes, calculate spenddown.**II. Medicaid Disposition****A. Medicaid Eligibility Established**

Next Review due: _____

Covered Group:

- ☐ IV-E foster care
- ☐ MI child under age 19

B. Medicaid Eligibility Not Established☐ MN Individuals Under Age 21; Spenddown Amount: _____ Spenddown Budget Period: _____☐ Other; Explain: _____**III. FAMIS****A. FAMIS Nonfinancial Information**Does child have creditable health insurance? ☐ Yes ☐ No**B. FAMIS Financial Information**FAMIS Income Limit _____ Eligible? ☐ Yes ☐ No Is child in an IMD ☐ Yes ☐ No**C. FAMIS Disposition**FAMIS Eligible ☐ Yes ☐ No If no, evaluate resources in Section I.B.2 and evaluate as MN individual under age 21.

FAMIS Eligibility Not Established. Reason _____

Worker/Supervisor Authorization: _____ **Date:** _____

TITLE IV-E FOSTER CARE & MEDICAID REDETERMINATION EVALUATION FORM

FORM NUMBER – 032-03-634/1

PURPOSE OF FORM – The form is used to evaluate ongoing eligibility and reimbursability for IV-E foster care, eligibility for IV-E foster care in the month an adoption petition is filed, and ongoing eligibility for Medicaid.

USE OF FORM – Complete the form, using information received from the service worker on the Title IV-E Foster Care & Medicaid Application/Redetermination form (032-03-636) and from other available sources.

NUMBER OF COPIES – Complete one copy of the form.

DISPOSITION OF FORM – The form is to be filed in the eligibility case record.